

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: Vagal Nerve Stimulation Techniques For Treatment Of Epileptic Seizures  
Attorney Docket Number:: 011738.00144  
Request for Early Publication?:: NO  
Request for Non-Publication?:: NO  
Suggested Drawing Figure::  
Total Drawing Sheets:: 11  
Small Entity?:: NO  
Latin name::  
Variety denomination name::  
Petition included?:: NO  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Ivan  
Middle Name::  
Family Name:: Osorio  
Name Suffix::  
City of Residence:: Leawood  
State or Province of Residence:: Kansas  
Country of Residence:: USA  
Street of mailing address:: 4005 West 124<sup>th</sup> Street  
  
City of mailing address:: Leawood  
State or Province of mailing address:: Kansas  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 66209

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: G.  
Family Name:: Frei  
Name Suffix::  
City of Residence:: Lawrence  
State or Province of Residence:: Kansas  
Country of Residence:: USA  
Street of mailing address:: 2513 Via Linda Drive  
  
City of mailing address:: Lawrence

State or Province of mailing address:: Kansas  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 66047

### **Correspondence Information**

Correspondence Customer Number:: 22908

### **Representative Information**

Representative Customer Number:: 22908

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/053,425	11/09/01
10/053,425	Continuation of	09/302,516	04/30/99

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee name:: Medtronic, Inc.  
Street of mailing address:: 710 Medtronic Parkway NE  
City of mailing address:: Minneapolis  
State or Province of mailing address:: Minnesota  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 55432-5604